

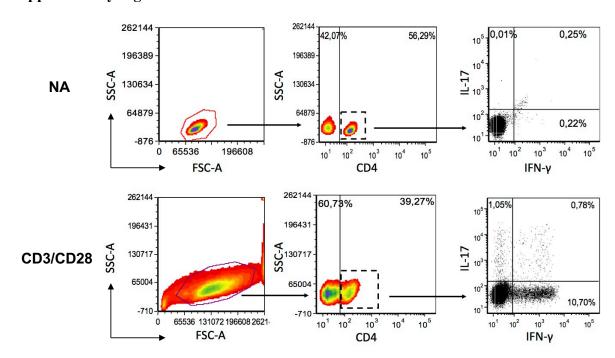
Supplementary Material

Th1 and Th17 cells and associated cytokines discriminate among clinically isolated syndrome and multiple sclerosis phenotypes

Gabriel Arellano¹, Eric Acuña¹, Lilian I. Reyes², Payton A. Ottum¹, Patrizia De Sarno³, Luis Villarroel⁴, Ethel Ciampi^{5,6}, Reinaldo Uribe-San Martín^{5,6}, Claudia Cárcamo⁵, Rodrigo Naves^{1*}

1 Supplementary Figures and Tables

1.1 Supplementary Figures



¹Institute of Biomedical Sciences (ICBM), School of Medicine, Universidad de Chile, Santiago, Chile

²Faculty of Science, Universidad San Sebastián, Santiago, Chile

³Department of Neurology, University of Alabama at Birmingham, Alabama, USA

⁴Department of Public Health, Pontificia Universidad Católica de Chile, Santiago, Chile.

⁵Department of Neurology, Pontificia Universidad Católica de Chile, Santiago, Chile.

⁶Neurology Service, Hospital Sotero del Río, Santiago, Chile.

^{*} Correspondence: Dr. Rodrigo Naves. Immunology Program, Institute of Biomedical Sciences, School of Medicine, Universidad de Chile. Av. Independencia 1027, 8380453, Santiago, Chile. Telephone: 56-2-2978 9603. Fax: 56-2-2978 6979. Email: rodrigonaves@med.uchile.cl

Supplementary Figure 1. Representative flow cytometric analysis of peripheral blood mononuclear cells (PBMC) of a MS patient. Non-activated (NA) or anti-CD3/CD28 mAB (CD3/CD28)-activated cells were cultured for 72 h. Four hours before the completion of PMBC activation, cells were treated with 50 ng/ml Phorbol 12-myristate 13-acetate (PMA), 500 ng/ml Ionomycin and 5 µg/ml Brefeldin A (BFA), or only BFA for the NA control. Then, cells were CD4 cell surface stained and then intracellularly stained for IFN-γ and IL-17A. Lymphocytes were first gated according to forward and side scatter properties and then gated for CD4. The frequency of CD4⁺ cells producing IFN-γ or IL-17A was finally determined.